



Patient information leaflet

Cataract surgery

A cataract is a cloudy or opaque lens in your eye. The lens is located just behind the iris (the coloured part of your eye). It helps to focus light entering the eye on to the retina (the light sensitive layer at the back of the eye).

A normal lens is transparent however if it becomes cloudy, the passage of light through the lens is obstructed. This impairs vision.

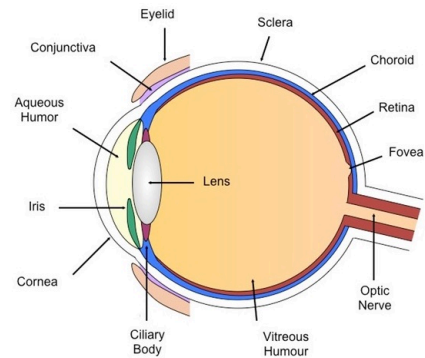


Diagram of the eye

Causes

Most cataracts develop with age, usually after the age of 65 years although they may develop sooner in younger patients who have diabetes or inflammation in the eye, after injury to the eye or as a result of certain medications such as steroids. Very rarely some types of cataract may be present at birth.

What are the symptoms of cataracts?

Symptoms of cataracts include: a gradual reduction in vision, blurred and misty vision, glare (that is being dazzled by bright sunlight or car headlights at night). A cataract does not typically cause pain or redness of the eyes. A cataract may be present in one or both eyes.

How are cataracts diagnosed?

Your optometrist (optician) or ophthalmologist (eye doctor) will see the cataract when they examine your eyes.

How are cataracts treated?

Cataracts are treated with surgery. This involves removing the cataract (cloudy lens) and replacing it with a new clear lens (intraocular lens implant, known as an IOL).

What are the benefits of cataract surgery?

Cataract surgery can improve your vision and resolve the symptoms of cataract detailed above. At least 95 out of every hundred people (95%) who have cataract surgery have an improvement in vision. Those whose vision does not improve after surgery usually have another underlying reason for reduced vision such as age related macular degeneration.

What are the risks of cataract surgery?

Whilst 95 out of every hundred people (95%) are happy after their cataract surgery, about 5 (5%) people may need post-operative drops for a little bit longer, or another procedure. There is a risk that technical problems may mean that the intraocular lens is not put in at the time of surgery and a second operation may then be needed. This occurs in about 1 out of every 100 patients. Part of the cataract could fall backwards onto the surface of the retina during the operation. This would require a second operation to remove it. This occurs in about 1 in 200 patients. There is a 1 in 1000 chance of loss of eyesight after cataract surgery. This would usually be due to a severe eye infection, which needs special treatment. Other less severe risks include problems related to local anaesthetic such as bruising around the eye or a blood shot eye (subconjunctival haemorrhage) or temporary double vision. These are expected to settle and no additional treatment is usually needed.

What are the risks of not having cataract surgery?

If you do not have cataract surgery, the cataract will gradually get more cloudy and your vision will gradually worsen. However this may take several years in some patients. It is safe to leave the cataract alone if it is not causing you any problems. Cataract surgery is recommended when your cataract is affecting your day-to-day activities and your vision is stopping or impeding the things that you like to do, for example, if you are a driver and your vision is below the legal requirement for driving. You only need cataract surgery if you are having problems with your vision and you want to proceed with surgery.

Are there any alternative treatments?

Up to a point your optometrist (optician) may be able to compensate for your cataracts with a stronger spectacle prescription. If your optometrist cannot improve your vision with glasses, the only treatment is to have surgery to remove the cataract.

Preparing for the operation

Once you have decided to proceed with cataract surgery, you will sign a consent form and be scheduled for surgery. You will have a pre-operative assessment to ensure that you are well enough to have surgery and your eyes will be measured to enable your surgeon to calculate the strength of your new lens implant.

On the day of surgery

A nurse will administer eye drops to enlarge your pupil. The operation usually takes about 30 minutes and is performed with local anaesthetic. This means that you will be awake for the surgery and your eye will be numbed with eye drops and/or a small injection around the eye (no sharp needles used). In certain cases however, your surgeon may recommend that you also have sedation or even general anaesthesia (where you are put to sleep). You will need to lie flat and keep your head as still as possible.

How is the surgery done?

Your face is cleaned and draped and your eye is numbed. Your eyelids will be held open with a small clip (speculum) so you do not need to worry about keeping them open. You will not be able to see what is happening although you may be aware of a bright light and see different lights throughout the operation. It is also common to feel a pressure sensation within the eye during the operation. You should not feel anything sharp.

A small incision (cut) is then made in the eye (you will not be able to feel this) and the cataract is then broken up into very small pieces using a small probe, which delivers ultrasound and then removes the lens fragments. A new lens is then implanted into the eye. The implant is made of acrylic and/or silicone. It is not a contact lens. It is permanently fixed within the eye.

What happens after the operation?

At the end of the operation a pad and shield are put over the eye to protect it. Your nurse will give you eye drops to use after your operation and explain how to instil them. You should continue to use your eye drops until your follow-up appointment. It is important to wash your hands before instilling the eye drops to prevent infection. Most patients then go home after 30 to 60 minutes.

If you have any discomfort or pain in the eye following surgery, it should be relatively mild and should settle with a common painkiller such as paracetamol.

You are allowed to bend and stoop however you should take things easy and avoid any strenuous exercise for the first two weeks and swimming for 6 weeks after your operation. Your nurse or doctor will advise you when you can return to work and you will be advised at your first follow-up appointment when you can return to driving.

Caring for your eye

Do not rub the eye or press hard on it. You may wash your face as normal but keep the eye closed and gently pat dry.

Follow-up

You will be given a follow-up appointment for 2 to 3 weeks after your operation. You may see your optometrist (optician) to change your glasses once you have been told to stop using your eye drops.

Symptoms to report

If your vision becomes painful or your vision becomes more blurred, please contact Miss Mellington straight away via her secretary Jacqueline Zerey on 0121 227 0787, Spire Little Aston Hospital on 0121 580 7171, BMI The Priory on 0121 440 2323, or Birmingham Midland Eye Centre Eye Casualty on 0121 507 6780 or 0121 554 3801.

Further information

- Government website
www.gov.uk/cataracts-and-driving
- Royal National Institute of Blind People
Information about vision, eye conditions, treatments and support.
www.rnib.org.uk

Sources used in this information leaflet

Royal College of Ophthalmologists Cataract Surgery Guidelines, September 2010.